



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & BUSINESS TAX DIVISION
MOTOR FUELS SECTION

P. O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199

SUBT: MFLA
9/02

Application For Alabama Motor Fuels License

DISTRIBUTOR – SUPPLIER

(THIS APPLICATION DOES NOT CONSTITUTE A LICENSE.)

The below hereby applies for a license as a distributor or supplier of MOTOR FUELS (other than gasoline) under and pursuant to the provisions of Title 40, Chapter 17, Article 1 and Title 40, Chapter 12, Article 3, **Code of Alabama 1975**. It is agreed that all laws, rules, and regulations which pertain to the storage or distribution of MOTOR FUELS (other than gasoline) will be complied with in full.

COMPANY NAME (AS WILL APPEAR ON LICENSE)

STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER FEDERAL IDENTIFICATION NUMBER

TELEPHONE NUMBER () CONTACT PERSON E-MAIL ADDRESS

Indicate legal structure: ☐ Individually Owned ☐ Partnership ☐ Corporation ☐ Other Type _____

State of incorporation _____ .

List below names, titles, social security numbers, and legal addresses of owner, partners, or corporate officers or attach a listing:

NAME	NAME	NAME
TITLE	TITLE	TITLE
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
ADDRESS	ADDRESS	ADDRESS

COMPLETE THE REVERSE SIDE OF THIS APPLICATION

Failure to answer all questions or provide the requested documents will constitute cause for rejection of your application by the Alabama Department of Revenue.



A fee of **\$5.00**
and a certified financial statement
must accompany this application.

AFFIDAVIT

State _____

County _____ I, _____
(NAME OF PERSON MAKING AFFIDAVIT)

the _____ of the _____
(TITLE) (NAME OF BUSINESS)

whose address is _____, first being duly sworn, depose and say under penalties of perjury that the statement here submitted is full, true, and correct to the best of my knowledge and belief.

SIGNATURE OF AFFIANT

Subscribed and sworn to before me this the _____ day of _____, 20_____.

My commission expires _____, 20_____.

SIGNATURE OF NOTARY PUBLIC

FOR OFFICE USE ONLY

The above application is subject to posting of bond in the sum of \$_____.

LICENSE WILL BE ISSUED ONLY WHEN BOND IS POSTED AND APPROVED.

MANAGER, MOTOR FUELS SECTION

DATE

**Answer the following questions. If space is insufficient, attach a listing of the information requested. All attachments are made part of the application.
Failure to provide all information will result in a delay of processing your application.**

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1. a. Estimated quantity of fuel to be withdrawn from storage, distributed, sold, used or imported each month.
Undyed motor fuel gallons _____, Dyed motor fuel gallons _____.
 - b. Do you import/export fuel? ☐ Yes ☐ No
If yes, please indicate state(s): _____
 2. What is your planned storage capacity during the next 12 months for all types of motor fuel in Alabama?
_____ gallons
 3. Do you have bulk storage facilities? ☐ Yes ☐ No If yes, you must complete and return form SUBT:INV (enclosed).
 4. a. In which counties (or cities) in Alabama will your facilities be located?

 - b. Do you own and operate retail outlets? ☐ Yes ☐ No If yes, what are the locations (street addresses) and tank capacities at each outlet?
1. _____
2. _____
3. _____
 5. Do you supply retail outlets not owned and operated by you? ☐ Yes ☐ No If yes, provide the locations (street addresses) and tank capacities of each outlet.

 6. Are you currently licensed in any other state(s)? ☐ Yes ☐ No If yes, indicate state(s) and respective license number(s).

 7. Is any officer(s), partner(s) or owner(s) of this company an officer, partner or owner of any other organization(s) engaged in a similar business as to selling, hauling, storing or delivering motor fuel in Alabama?
☐ Yes ☐ No If yes, indicate each entity and person.

 8. Are you registered with the Alabama Secretary of State? ☐ Yes ☐ No
 9. Are you registered with the Alabama Department of Revenue, Franchise Tax Section? ☐ Yes ☐ No
 10. Are you purchasing/merging with any organization(s) or person(s) that is/was licensed with the Alabama Department of Revenue? ☐ Yes ☐ No If yes, indicate the organization(s) or person(s).

 11. Have you filed tax returns and paid all taxes due the State of Alabama, such as income tax, franchise tax, etc.?
☐ Yes ☐ No
 12. List three business references with complete names, addresses and phone numbers.
1. _____ 2. _____ 3. _____

(_____) (_____) (_____) _____
 13. Attach a brief statement concerning the type of operations you will be conducting in this state.